

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8176**
Registrar's No. **56**

FILED APR 10 1946

Registration District No. **137**

Primary Registration District No. **3023**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **HENRY**

(b) City or town **CLINTON**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
316 N. WATER ST 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **APRIL 1945**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **HENRY**

(c) City or town **MT. ZION**
(If outside city or town limits, write "RURAL")

(d) Street No. **RURAL**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **CARL B. DANNENBROCK**

(b) If veteran, name war **None**

(c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**
year **1946** hour **5** - minute **A.M.**

21. I hereby certify that I attended the deceased from **3-7**, 19**46** to **3-12**, 19**46**
that I last saw him alive on **3-11**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MARCH 1 1874**
(Month) (Day) (Year)

Immediate cause of death **Hemiplegia left** **7 da**

Due to **Cerebral Thrombosis** **7 da**

Due to **Measles** **10 da**

8. AGE: Years **72** Months **0** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **HENRY CO. MO.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **None**

Of operations: **35**

Of autopsy: **None**

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **FISHER Y TRAPPER**

11. Industry or business _____

MOTHER FATHER

12. Name **BENNETT H. DANNENBROCK**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **REGINA ELIZABETH**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. C. Peeler** (M. D. or other) **3/13/46**

Address **Clinton Mo** Date signed _____

16. (a) Informant **Wm Naiminick**

(b) Address **MT Zion**

17. (a) **Burial** (b) Date thereof **3-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT Zion**

18. (a) Signature of funeral director **J. H. Dourant**

(b) Address **Clinton**

19. (a) **3-13-46** (b) **A. R. Kennedy**
(Data received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District Health Officer No. 3-46-329

~~Date Recd~~ 4-9-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W. A. Vassant*

Licensed Embalmer No..... *3779*

P. O. Address..... *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.